



NATIONAL GUARD ASSOCIATION OF THE UNITED STATES

ONE MASSACHUSETTS AVENUE, NORTHWEST • WASHINGTON, D.C. 20001 • (202) 789-0031 • FAX (202) 682-9358

April 10, 2003

The Honorable Tom Daschle
United States Senate
Washington, D.C. 20510

Dear Senator Daschle:

On behalf of the men and women of the National Guard Association of the United States (NGAUS), I thank you for the stalwart support you have given the National Guard over the years. The NGAUS is pleased to offer its support for your legislation entitled the *National Guard and Reserve Health Benefit Act of 2003*. This important legislation would offer members of the selected reserve and their families, the opportunity to participate in the Tricare on a cost-share basis; provide a partial subsidy of private health insurance premiums for family members of Guardsmen who wish to retain their private health insurance; and improve transition coverage upon deactivation.

The National Guard and Reserve contributions to the ongoing operations in Iraq, fighting the global war on terrorism, protecting the homeland, and supporting contingency operations around the world are a key indicator of the importance of maintaining a high level of readiness. The General Accounting Office recently found more than twenty-one percent of National Guard and Reserve members do not have health coverage. Forty percent of those individuals without insurance are in the junior enlisted ranks.

Units with nearly twenty-one percent of its members unable to deploy due to medical reasons has a major impact on the ability of that unit to complete its mission. Providing Tricare during all phases of service can decrease an already lengthy mobilization process by ensuring medical readiness is routinely sustained. Medical readiness is an important factor in unit readiness.

Recent National Guard mobilizations have demonstrated how quickly the Guard can be ready to fulfill their federal mission. Some of these notifications for mobilization have given Guardsmen hours and days, as opposed to the days and weeks normally required. This reduced ramp also requires members of the Guard to maintain their family readiness plans in order to lessen the complications and distractions during deployments. Providing continuity of health coverage for family members will ensure those who support our service members and make it possible for them to serve, are provided for while their loved ones are away.

As always, the NGAUS stands ready to assist you and looks forward to our continued relationship ensuring a strong and viable National Guard.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard C. Alexander". The signature is fluid and cursive, with the first name "Richard" being more prominent and the last name "Alexander" following in a similar style.

Richard C. Alexander
Major General (RET), AUS
President



T H E M I L I T A R Y C O A L I T I O N

201 North Washington Street
Alexandria, Virginia 22314
(703) 838-8113

April 15, 2003

The Honorable Tom Daschle
United States Senate
Washington, D.C. 20510

Dear Senator Daschle:

The Military Coalition (TMC), a consortium of nationally prominent uniformed services and veterans organizations representing more than 5.5 million current and former members of the seven uniformed services, plus their families and survivors, would like to thank you for introducing S. 852, the National Guard and Reserve Comprehensive Health Benefits Act of 2003. This important legislation would offer members of the Selected Reserve and their families the opportunity to participate in the Tricare program on a cost-share basis; provide a partial subsidy of private health insurance premiums for family members of Guardsmen and Reservists who wish to retain their private health insurance; and improve transition coverage upon demobilization. This initiative to improve healthcare readiness for members of the National Guard and Reserve components and their families is at the forefront of TMC's priorities for that community.

The National Guard and Reserve components' contributions to the ongoing operations in Iraq, fighting the global war on terrorism, protecting the homeland, and supporting contingency operations around the world are key indicators of the importance of maintaining a high level of readiness. The General Accounting Office recently found more than 21 percent of National Guard and Reserve members do not have health coverage. Forty percent of those individuals without insurance are in the junior enlisted ranks.

Providing Tricare during all phases of service can decrease an already lengthy mobilization process by ensuring medical readiness is routinely sustained. Medical readiness is a critical factor in mission readiness.

Recent National Guard and Reserve mobilizations have demonstrated how quickly these forces can be ready to fulfill their war-fighting mission. Some notifications for mobilization have given Guardsmen and Reservists hours and days, rather than weeks and months once required. This reduced alert ramp also requires members of the Guard and Reserve to maintain their family readiness plans in order to lessen the complications and distractions during deployments. Providing continuity of health coverage for family members will ensure those who support our service members and make it possible for them to serve, are provided for while their loved ones are away.

The Military Coalition supports S.852 and applauds your efforts to ensure a strong and viable National Guard and Reserve as an integral component of our nation's total force.

Sincerely,

The Military Coalition
(Signatures Enclosed)

Donald R. Robinson
Air Force Association

[Signature]
Air Force Sergeants Association

Tam S. Rankin
Air Force Women Officers Associated

Ellen D. Parker
Army Aviation Assn. of America

Frederic H. Sanford
Assn. of Military Surgeons
of the United States

Heinrich B. Lopez
Assn. of the US Army

AMTAM
Commissioned Officers Assn. of
the US Public Health Service, Inc

Robert L. Lerner
CWO & WO Assn. US Coast Guard

Michael P. Chino
Enlisted Association of the
National Guard of the US

[Signature]
Fleet Reserve Assn.

Ruth Anne Chickadee
Gold Star Wives of America, Inc.

David W. Greenman
Jewish War Veterans of the USA

Will B. Foley
Marine Corps League

Thomas P. [Signature]
Marine Corps Reserve Officers Assn.

Wesley Ryon
Military Officers Assn. of America

Gay H. Phillips
Military Order of the Purple Heart

Lee Albrecht
National Guard Assn. of the US

Baron J. [Signature]
National Military Family Assn.

Paul [Signature]
National Order of
Battlefield Commissions

David R. Davidson
Naval Enlisted Reserve Assn.

St. [Signature]
Naval Reserve Assn.

Frank O. [Signature]
Navy League of the US

David W. Somerville
Non Commissioned Officers Assn.
of the United States of America

Ind [Signature]
Reserve Officers Assn.

Al [Signature]
Society of Medical Consultants
to the Armed Forces

David P. White
The Military Chaplains Assn. of the USA

Dinah Lark Holloman
The Retired Enlisted Assn.

Robert J. Walker
United Armed Forces Assn.

L. R. Saramastro
USCG Chief Petty Officers Assn.

Raymond B. Beer
US Army Warrant Officers Assn.

Bob Monahan
Veterans of Foreign Wars of the US

Edna J. Hills
Veterans' Widows International
Network, Inc.



National Military Veterans Alliance
5535 Hempstead Way, Springfield, VA 22151

Phone: (703) 750-2568
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April 11, 2003

The Honorable Thomas A. Daschle
United States Senate
509 Hart Senate Office Building
Washington, D.C. 20515

Dear Senator Daschle:

The National Military / Veterans Alliance (NMVA), representing the "One Force", with 26 military and veterans associations and with a combined membership of over 3 and a half million members, supports your actions to correct the inadequacies or the healthcare provided to our drilling Reserve population, by co-sponsoring S. 852, National Guard and Reserve Health Benefits Act of 2003.

The nature of the service in the Reserves and Guard has changed. Over the last decade, the Reservist has been called up as never before, to augment the active component all over the world. The concept of 'weekend warrior' is a thing of the past. And one integral part of being included in the "One Force" is being combat ready. To be combat ready, the forces must be physically and medically ready.

As the Department of Defense continues to use the Reserve and Guard to extend the active component, we must ensure that our reserves are healthy and that the benefits, to include healthcare and dental, come more into alignment with the active force. One of the Legislative Goals of the NMVA has always been to extend TRICARE to the Reserve Component.

The NMVA is most grateful for your support in offering members of the Selected Reserve and their families the opportunity to participate in the health care program offered to the Active duty members, providing a much improved transition coverage and for subsidizing the private insurance premiums activated reservists may all ready have, which will allow the family members peace of mind and continuity of care. We appreciate all that you have done over the years in support of the Active and Reserve components. If you have require any additional assistance or information, please feel free in contacting CAPT Marshall Hanson, USNR (Retired), Director of the NMVA at 703-750-2586

Sincerely,

American Military Retirees Association
American Military Society
American Retirees Association
American WWII Orphans Network
AMVETS (American Veterans)
Catholic War Veterans
Class Act Group
Gold Star Wives of America
Korean War Veterans
Legion of Valor
Military Order of the Purple Heart
Military Order of the World Wars
National Assoc. for Uniformed Services

National Gulf War Resource Center
Naval Enlisted Reserve Association
Naval Reserve Association
Paralyzed Veterans of America
Society of Medical Consultants
Society of Military Widows
The Retired Enlisted Association
TREA Senior Citizen League
Tragedy Assistant Program for Survivors
Uniformed Services Disabled Retirees
Veterans of Foreign Wars
Vietnam Veterans of America
Women in Search of Equity

"Representing the Total Force"